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UNITED STATES PATENT AND TRADEMARK OFFICE
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Bib Data Sheet

CONFIRMATION NO. 6042

2005-1461

SERIAL NUMBER 10/010,412	FILING DATE 12/07/2001 RULE	CLASS 700	GROUP ART UNIT 2125	ATTORNEY DOCKET NO. AMDA.499C1 (TT4002/03C1)
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APPLICANTS

Russel Shirley, Pflugerville, TX;

Michael R. Conboy, Austin, TX;

Horace Paul Bowser JR., Austin, TX;

** CONTINUING DATA *****

This application is a CON of 09/665,646 09/19/2000 PAT 6,351,684 *mm*** FOREIGN APPLICATIONS ***** *mm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	TX	4	15	3
Examiner's Signature <i>mm</i>				

ADDRESS

Attention of: Robert J. Crawford
CRAWFORD PLLC
Suite 390
1270 Northland Drive
St. Paul, MN
55120

TITLE

Mask identification database server

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)



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CONFIRMATION NO. 6042

SERIAL NUMBER 10/010,412	FILING DATE 12/07/2001 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. AMDA.499C1 (TT4002/03C1)	
APPLICANTS Russel Shirley, Pflugerville, TX; Michael R. Conboy, Austin, TX; Horace Paul Bowser JR., Austin, TX;					
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/665,646 09/19/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/26/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
ADDRESS Attention of: Robert J. Crawford CRAWFORD PLLC Suite 390 1270 Northland Drive St. Paul ,MN 55120					
TITLE Mask identification database server					
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		